Method o	of Transmission: By	Facsimile		(CASE DOCK	ET NO.	P3938
In refere	ace to application of	Sam Khava	ıri				
Serial No	. 09/653,908						
For Me	thod and Apparatu	s for Provid	ling Automation	to an Intern	et Noviget	iom A1:	, ·
Sir:					•		non
_	ted herewith is and an		n the above-identifie	d application,	, under 37 C.I	F.R. 1.312.	
L⊈ App	additional fee is requir licant claims Small en fee has been calculate	tity status und	der 37 CFR 1.27. elow.				
		***	CLAIMS AS AME	NDED ****			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	21	Minus	** 21	0	· \$ 9	\$ 18	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ ₄₃	\$ 86	\$ 0.00
First presentation of a multiple dependent claim \$ 0 \$ 0							\$ 0.00
☐ Terminal Disclaimer Fees							\$ 0.00
Extension Fee		lst Month	2nd Month		3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00
**** Multi * If the ent	nighest Number Previo highest Number Previ ple dependencies, if an ry in column 2 is less to a in the amount of	ously Paid For y, included in the entry	π" in this space is les n the above calculati	s than 3, wri	te "3" in this a	space,	·
Charge	\$ 0.00 to depo	sit account	50-0534 . (A du	plicate of this	s sheet is encl	osed)	
Please c is enclos	harge any additional fo						o of this sheet
onald R. Boys entral Coast P. O. Box 187 conas, CA. 95 31) 726-1457	stent Agency, Inc.		Respectfully Sub	Do	nald R. Boys g. No. 35074	UV.	Sn